



COMET

STANDARD DATA ENTRY PROCEDURES MANUAL FOR VIRGINIA CASA PROGRAMS

July 12, 2007

INTRODUCTION

The COMET Standard Data Entry Procedures Manual for Virginia CASA Programs is a guide to the modifications made to COMET in order to provide standardization for data collection and the creation of statewide reports. A COMET Standardization Workgroup was established that included representatives from local CASA programs that were familiar with the COMET database and representatives from the Department of Criminal Justice Services (DCJS). Meetings were held over the course of six months to determine what elements of COMET should be standardized as well as what outcomes could be tracked and reported statewide. DCJS would like to recognize and thank the following programs for their energy, effort and commitment to the work that went into this project. Without their participation, this project could not have been accomplished. The following programs participated on the COMET Standardization Workgroup:

Chesterfield CASA – Holly Abbott
Colonial CASA – Sarah Serra
Fairfax CASA – Lauren Warchol
Hanover CASA – Melanie Baker
Henrico CASA – Susan Hill
Piedmont CASA – Rachel Lloyd Miller

The goals of the Virginia CASA DATA Standardization Project included:

- Enhanced consistency of definitions of CASA related information categories
- Enhanced capability to compare data statewide
- Increased ability to assist programs in providing meaningful, consistent categorization of data
- Evaluation of outcomes

The purpose of creating standard definitions and terms in COMET is to provide consistency throughout the state on those fields that the workgroup determined were most important. Care was taken throughout the process to only standardize those fields that were necessary to provide statewide data that would allow for improved outcome measures and clarity between CASA programs. Most of the standardizations required the workgroup to agree upon common language in the drop-down tables that are currently available in the COMET database. However, there were several areas that the workgroup recommended changes that will require altering the COMET database structure. DCJS has approached National CASA and requested that these modifications be included in the next upgrade of COMET. NCASAA has agreed to include these modifications and a Virginia Standardized version of COMET has been developed as an interim step.

The COMET Standard Data Entry Procedures Manual for Virginia CASA Programs is intended for use by local programs as a companion guide to National CASA COMET Technical Assistance, which can be accessed at the following website <http://www.casanet.org/program-services/comet/index.htm>, and the User's Guide to the Virginia DCJS Reporting Tool that can be accessed on the DCJS web site under the "resource tab" on the CASA page at the following site <http://www.dcjs.virginia.gov/juvenile/casa/resources.cfm?menuLevel=5&mID=6>.

Local CASA programs are required to use the COMET database as grant award condition. Further, with the implementation of the statewide standardization, all local CASA programs in Virginia will be required to follow the standardized data entry guidelines set forth in this manual.

The Standard Data Entry Procedures Manual for Virginia CASA Programs is divided into four sections. The first section provides an overview of data entry and the conversion application upgrade. The second section includes a list of standardized terms and definitions. The third section provides the details on the fields and drop-down lists that the Workgroup selected for standardization. Please note that the drop-down lists cannot be changed without contacting the DCJS COMET Senior Programmer. At the conclusion of the Manual is a discussion of the three outcomes that will be tracked statewide.

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PART I – DATA ENTRY AND CONVERSION

How to Use This Manual

This manual is meant to complement the information published by National CASA on COMET, so as to provide information about the entry of data in a way that is consistent across programs in Virginia. In reality, very little needs to be done by COMET users - the Virginia Conversion Tool, when installed, will automatically update the Lookup Tables in the Data Maintenance section of COMET to reflect the Virginia standard selections. Once the tool is run you will be able to easily select the appropriate data to be tracked.

This manual will show you where these standard tables have been updated and the Rationale for these selections. If you have questions about the content of the selections please contact the Virginia State CASA Program Coordinator at 804-786-6428. For help with COMET itself, contact DCJS COMET Support at 804-840-0499.



PART II - KEY DEFINITIONS AND TERMS

List of terms and related information can be found in alphabetical order.

1. Average number children assigned
2. Age
3. Board members serving
4. Child Counts
5. Disabilities for child
6. Maximum number of volunteers assigned
7. Other volunteers
8. Out of court contacts
9. Permanency
10. Placement change
11. Total days assigned
12. Total days out of home
13. Volunteers active on cases
14. Volunteers completing training
15. Volunteers inactive
16. Volunteers total case hours
17. Volunteers unassigned

1. **Average number children assigned:** The number of children assigned divided by the number of volunteers.

2. **Age:** For the purposes of DCJS Reports, Child Age will continue to be calculated as the number of days (converted to years) from the Date of Birth to the Date Assigned to the CASA Program, not the current date or the end date of a given report. This means that a child that is assigned to CASA as a 5 year old will remain a 5 year old in the age calculations, regardless of how many subsequent birthdays pass. The calculation of age as of the end date of the report will remain a secondary calculation.

3. **Board members serving:** Board members are entered under the Volunteer section and the 'Volunteer Type' is selected as 'Board Member'. Those counted for Virginia reports will include those who served at any time during the period. This means that their date accepted is prior to the end date of the report and the date discharged is null or is after the start date of the report.

4. **Child Counts:** Beginning in July 2007, DCJS will begin to collect data on the number of children assigned to the Program, and the number of children who have volunteers assigned to cases, as well as the time period between the date the case was assigned to the Program and the date of the first volunteer assignment (days on wait list).

Number of Carry Over Children: This is the count of children whose date assigned to CASA (program) is prior to the Start date of the report and the date closed by the Program is null (blank) or after the Beginning date of the report.

Number of New Cases: This is the count of children whose date assigned to the CASA program falls between the Start and End dates of the report period.

The number of days a child waits on a waiting list is made by subtracting the date assigned to the CASA program from the first date of the assignment of a volunteer to the child.

5. **Disabilities for child:** The categories are those used by the National Dissemination Center for Children with Disabilities and included in the Individuals with Disabilities Education Act (IDEA). IDEA allows for the term developmental delay to apply to children age 0 through 9 years who are experiencing one or more developmental delays. For children, ages 0 through 2, the term applies to diagnosed physical or mental conditions that may result in a delay. For children, ages 3 through 9, the term applies to children who require special education or related services. Disabilities should only be documented in COMET when diagnosed by a competent professional.

Subcategories for developmental delay would include delays in the areas of:

- Adaptive development
- Cognitive development
- Communication development
- Physical development, including vision and hearing
- Social and/or emotional development

Each of the categories includes subcategories. For example, emotional disturbance includes depression and schizophrenia. Orthopedic impairment includes cerebral palsy. Other health impairment includes chronic health problems such as asthma, ADHD, diabetes, epilepsy, lead poisoning and others.

For more information on the definitions under each category visit the following webpage: <http://www.nichcy.org/pubs/genresc/gr3.htm#categories> at the National Dissemination Center for Children with Disabilities.

6. Maximum number of volunteers assigned: Checks data for volunteers who may have more cases than regulations allow.

7. Other volunteers: These are individuals in non-advocacy roles who provide support to CASA programs. Create a new volunteer or a committee in COMET. When DCJS Quarterly reports are created enter the number of non-case hours for each volunteer, board member or listed committee.

8. Out of Court Contacts: The Virginia Department of Social Services requested CASA programs to collect data on “out of court contacts” in 2000 for the purpose of CAPTA reporting. Upon further review, VA DSS has determined that it is no longer necessary for CASA programs to provide this data for this purpose. However, CASA programs may wish to continue to collect volunteer contact information. Contacts can be tracked under the Volunteer Activity Tab. The Activity Type is tracked in table 26 and the Contact type is tracked in table 28. The Mileage tab can be used to track the actual number of contacts if a program is not using that feature to track mileage on individual volunteers. The total number of hours and contacts can presently be entered in bulk and tracked in the DCJS Reporting Tool.

9. Permanency: Permanency is achieved when " A child lives in the intended permanent home that will provide family connections, a life-long commitment, continuity of care, a sense of belonging and a legal and social status."

10. Placement change: When a child changes residence, even temporarily, the change should be recorded in COMET. Exceptions would include a planned respite weekend, or scheduled visitation.

11. Total days assigned: Counts from the day a case was assigned to a volunteer to the day a case was closed for all cases during that quarter.

12. Total days out of home: Calculates the difference between the date the child was removed from their home and the date the case closed OR the date of a placement when the child 'Returned home', in which case it takes that date.

13. Volunteers active on cases: The number of volunteers active during the quarter, meaning that they served at least one child/at least one day.

14. Volunteers completing training: The number of volunteers who have completed training and who were sworn in during that quarter.

15. Volunteers inactive: The number of volunteers “on leave” during that entire quarter. Most programs require that volunteers complete additional training if they are on extended leave, or if they are not maintaining in-service hours. Note that a volunteer on leave for part of the quarter is defined as unassigned, if they are on leave for the entire quarter they are inactive.

16. Volunteers total case hours: Volunteer time spent in advocacy role. The hours are calculated outside of COMET and entered in Bulk on the DCJS Report, unless you keep them in COMET. COMET doesn’t automatically add in the Training hours, however the DCJS Reporting Tool does include them in the calculation of volunteer hours. Training time is considered “volunteer hours”.

17. Volunteers unassigned: The number of volunteers who are sworn in prior (at any point prior to the end of the quarter) and not discharged before the end of the quarter who served no children in the course of the quarter. In other words, they were available to serve a child during that period, yet they were not assigned to a child at any time during that period. Note that a volunteer on leave for part of the quarter is counted as unassigned, but if they are on leave for the entire quarter they are inactive.

PART III - STANDARDIZATION OF VIRGINIA COMET DATA CATEGORIES

GROUP/CHILD INFORMATION

Rationale: Tracking of Child demographic data is important as it provides a snapshot of the pool of children served by the program, which should theoretically be aligned by the resources of the program. (e.g. Goal to have children who are in demographic minorities served by volunteers from the same demographic group.)

The following categories of data are entered into COMET on the Child Information form, or initially on the Quick Add form that opens when the child is first added. It can be edited if necessary. The selections in the drop down boxes will have been changed by the Virginia Conversion tool to conform to the Virginia-specific categories. The entries in the underlying Lookup tables, which provide the selections for the drop down boxes, are denoted by numbers in parenthesis (e.g. (34) denotes Lookup Table 34 in the Data Maintenance section). These underlying Lookup tables should NOT be changed by local users.

The screenshot displays the VA Comet V4.1 application window. The title bar reads "VA Comet V4.1". The menu bar includes File, Edit, View, Insert, Format, Records, Tools, Window, and Help. The toolbar contains icons for Print, Print Setup, Export, Mail Recipient (as Attachment), Zoom, Close, and a search icon. A search bar on the right says "Type a question for help".

The main window has a tabbed interface with tabs: Child Info, Case Info, Suprvsr, Family, Petition, Re-Abuse, Int Person, Case Wrkr, Attorney, Volunteer, Activity, Closing, and Services. The "Child Info" tab is active, showing the "Child Information" form.

The form has a "Copy info from another child" dropdown menu. Below this, there are two main sections:

- Child Information:** Fields for First Name (Jim), Middle Name, Last Name (Test), Also known as, Gender (Male), Date of Birth (7/1/2000), Social Security #, Ethnicity (34) (White), Primary Language (15) (Spanish), and Secondary Lang. (15). A legend indicates that fields with a red asterisk (*) are required.
- Child Address at Assignment:** Fields for Address (124 Main St), Child's Mobile (804-000-0000), School (Young Elem.), City (Nowhere), ST (VA), Grade (3), Zip (41) (33333), County of residency (42) (Fayette), Number of prior placements (3), and Number of months in prior placements (0).

Below these sections are two more sections:

- Disabilities (06):** A dropdown menu for "Developmental delay (0-9)" with a red asterisk.
- Child Concerns (07):** A dropdown menu for "Caregiver housing instability" with a red asterisk.

At the bottom, there is a "Custody" section with a table:

Custody:	Legal:	Physical:	Change Date:
DSS	Juvenile Justice		7/3/2007
			7/3/2007

The bottom status bar shows "Form View".

Figure 1 Child Information Data Entry

Under Child Tab/Child Information

Date of Birth

There will be two calculations on quarterly and annual reports for the ages of the children. One will denote the age of the children when assigned to the program and the other will indicate the age of the children at the time of the report. Note the revision of the following age categories:

- 11 through 15
- and 16 and up

Race/Ethnicity (Table 34)

The following standard classifications for Race/Ethnicity will be standardized by the Virginia Conversion Tool.

- American Indian/Alaska Native
- Asian/Asian-American
- Black/African American
- Hispanic/Latino
- Native Hawaiian/Pacific Islander
- White
- Other

The following will also appear in the Ethnicity Category Lookup Table (34) in COMET, and if one of these entries is selected for a child, it will be counted in the associated category listed.

Filter additional races into the associated categories:

- Child identified as Middle Eastern - will be counted in the White category for state reports.
- Child identified as African - will be counted in the Black category for state reports.
- Child identified as Asian or Indian - will be counted in the Asian/Asian American category for state reports.
- Child identified as Multi-racial or Bi-racial - will be counted in the Other category for state reports.

Disabilities for Child (Table 06)

The following standard categories will be pre-loaded into Lookup Table (06) Disability Categories, by the Conversion Tool, so as to appear in the drop down list for Child Disabilities. Disabilities should only be added when documented by a professional.

Disabilities for Child (Table 06)

- Autism
- Developmental delay (0-9)
- Emotional disturbance
- Hearing impaired/deafness
- Mental retardation
- Multiple disabilities
- Orthopedic impairment
- Other health impairment
- Other
- Specific learning disability
- Speech or language impairment
- Traumatic brain injury
- Visual impairment/blindness

** Note: See Key Definitions and Terms section for further explanation of Disabilities for Child category.*

Concerns for Child (Table 07)

In COMET 4.01 and earlier versions, the capability to track Child Concerns has been limited. However, the Virginia version allows for the tracking of this information through the development of a special “Child Concerns” table under the Child Information tab. The Child Concerns will draw from the same lookup table as the Family Concerns in table (07) and is listed below:

- Absent parent
- Aging out in foster care
- Behavior problem in caregiver household
- Caregiver abused as child
- Caregiver housing instability
- Caregiver mental illness/personality disorder
- Caregiver substance abuse
- Chronic medical issues
- CPS - Prior
- CPS - Current
- CPS - Re-abuse
- Criminal involvement by child
- Criminal History
 - child
 - parent/caregiver
 - household member/family
- Death of parent(s)

- Domestic violence in caregiver household
- Drug addicted/drug exposed newborn
- Economic instability
- Exposed to domestic violence
- Gang involvement
- Has a teenage parent
- Health and hygiene issues for child
- Health and hygiene issues in caregiver household
- Incarcerated parent
- Immigration issues
- Is a teenage parent
- Language barrier
- Long time in foster care
- Marital discord in caregiver household
- Mental health concerns
- Other
- Parent has no healthy support system
- Placement inappropriate
- Placement instability
- Psychotropic medication concerns
- Removal/separation of siblings
- Runaway
- School-academic performance
- School-behavioral
- School-truant
- Sexually abused
- Sexual perpetrator
- Siblings by multiple parents
- Single primary caregiver
- Substance abuse by child
- Suicidal
- Uncooperative parent

**Note: See sample “CASA Intake Form” in the Sample Forms section at the end of the manual.*



Under the Child Tab/Petition Tab/Type of Cases

Petition Type at Assignment (Table 18)

Petitions are entered under “Petitions” tab. The initial petition should be completed as soon as the case is assigned to the program by the Court.

Child Information

Child Name: **Bates, Carl [711-Bates]** Find Child:

[New Child](#)
[Delete Child](#)
[Report Menu](#)
[Child Placement](#)
[Group Info](#)
[Main Menu](#)

[Child Info](#)
[Case Info](#)
[Suprvsr](#)
[Family](#)
[Petition](#)
[Re-Abuse](#)
[Int Person](#)
[Case Wrkr](#)
[Attorney](#)
[Volunteer](#)
[Activity](#)
[Closing](#)

Petitions [New Petition](#) [Delete Petition](#)

Petition Number	Petition Date	Type of Case (18)	End Date
655	4/30/1999	CHINS	

Note: If you select 'Unknown' for perpetrator, the box will remain

Person Against	Allegation (01)	Outcome	Negotiated Allegation (01)

Figure 2 Petitions

DCJS will track cases based on the initial petition type. If subsequent petitions are submitted, for the purpose of counting cases, the initial petition type will prevail. Hence, if a case is assigned as a CHINS case and a subsequent Abuse and Neglect Petition is submitted, it will continue to be counted as a CHINS case. Note that the entry of any/all subsequent petitions will also be counted and determined in reports available to users. All petitions submitted should be recorded if possible.

The following will be standardized in Lookup Table (18) Petition Categories:

- Abuse/neglect
- CHINS
- Custody/Visitation (will also be tracked if persons apply for custody while the case is assigned to the CASA program)
- Entrustment
- Relief of Custody
- Other

When DCJS Reports are run, the Custody and Visitation petitions will count as Custody, and Relief of Custody and Entrustment will be counted as Abuse and Neglect.



Under Child Tab/Activity

Out of Court Contacts

Rationale: Local CASA programs have been tracking “out of court” contacts that have been made on behalf of the child clients assigned to volunteers. The purpose of tracking this data has been to assist the state department of social services in reporting the number of advocacy hours provided to child abuse victims outside the court environment. CAPTA funds are used to support local departments of social services and CASA has partnered with state DSS in assisting to provide these statistics. Recently, VA DSS has informed DCJS that it is no longer necessary for CASA to track this data for CAPTA purposes. However, CASA programs may consider this important information to track in assessing the number of hours volunteers spend in advocacy efforts working in the community on behalf of child victims. It may not be necessary to denote if the contact was “out of court”.

From a state perspective, it would be helpful to know the average number of hours and contacts volunteers provided for children. If possible, it would also be helpful to know the types of contacts volunteers engaged in on behalf of assigned children.

This information can be tracked by local programs in two sections of the COMET database. First, programs may use the Activity Tab under Child information to track each volunteer contact.

The second option is for programs to enter this information as bulk data input on the DCJS Reporting Tool when running the Quarterly Report (see instructions with the Reporting Tool).

**Note: See sample “CASA Volunteer Tracking Form” in the Sample Forms section at the end of the manual.*



Under Child Tab/Closing Tab/Reason for Court Closure

Case Closure Data

Rationale: For the purposes of Virginia reporting, the primary concern is to gather data for Case Closure by the Program (not the Court). During discussions with the Workgroup, it became clear

that local court practice varies between the localities and in order to get consistent data, this information must be tracked at the time of program closure. This information is entered on the “Closing” tab.

Figure 3 Child Case Closing Tab

Closure Reasons

The following entries will be standardized in Lookup Table (02): Case Closure reasons:

- Adopted
- CASA Relieved/Dismissed
- Child AWOL
- Child Death
- Child/family moved out of area
- Child turned 18
- Denied - inappropriate referral
- Denied - no volunteer
- In compliance with Protective Order

- Other
- Permanency Achieved
- Removed from docket
- Returned Home
- Terminated Parental Rights
- Transferred to another jurisdiction
- Unable to reassign

Final Placement at Case Closure (Table 09)

For Virginia purposes, this field will be interpreted to mean Placement at *Program* Closure. The following will be the standard listings in Lookup Table (09): Final Placement Types.

- Adoptive placement
- Custody to other parent
- Custody with relative
- Detention
- DJJ
- Emergency shelter
- Final Adoption
- Foster Home
- Group home
- Hospital
- Independent Living Program
- Other
- Own home father
- Own home mother
- Own home parents
- Permanent Foster Care
- Relative Foster Home
- Relative placement
- Residential
- Runaway whereabouts unknown
- Short Term Diagnostic
- Therapeutic Foster Care
- Third party custody

CASA Determination of a Safe, Permanent Home at Closure

A fundamental goal/outcome of CASA advocacy is improvement of the child's permanent living situation. When a CASA case is closed, CASA programs should denote whether or not, in the best informed opinion of the Program, the final placement is safe and permanent. To enter this information:

At closing, the user should select *Yes* or *No* on the closing section of the Child form designating the following:

Based upon the best professional assessment by the CASA program, was the Final Placement on Program Closing a Safe - Permanent Home?

**Note: See sample “Case Closure Information” form in the Sample Forms section at the end of the manual.*



Under Hearings Tab/Hearing Type

Hearing Types (Table 13)

Note: For a Child's information to be available under a Hearing, the Child (Child Petition) must be selected on the Hearings Tab:

Figure 4 Hearing Information

The Hearing Type Lookup Table (13) will be standardized to include:

- ERO
- PRO
- PPO
- Adjudication
- Entrustment
- Expedited
- Disposition
- Review
- Foster Care Review
- Initial Perm Planning Hearing
- 2nd Perm Planning Hearing
- Permanency Planning Hearing - subsequent
- TPR Mother
- TPR Father
- Foster Care Review 12 month
- Review of APPLA
- Adoption Progress Review
- Show Cause
- Custody Visitation
- CHINS
- Appeals
- Relief of Custody
- Other



Under Hearings Tab/Court Order/Permanent Plans

Child Permanency Plan Type (Table 17)

Rationale: Tracking of Permanency Plan information is vital as this is an important legal step toward the goal of a safe permanent home for the child. Further, this data is included in the permanency outcomes currently tracked for Virginia. Permanency Plans are entered as Court Orders, under the associated hearing for the family. Individual plans can be selected per child.

edit Insert Records Window Help Linked Table Manager Startup... Type a question for he

Hearing Information

Hearing Date: 11/11/2000 Group: 711 - Bates Find Hearing

New Hearing

Delete Hearing

Group Information

Main Menu

Hearing Information

Involves

Volunteer Input

Court Orders

Adjudication

Placements

Notes

Family Services

Child Services

Visitations

Permanent Plans

Court Orders - Permanent Plans

Delete Plan

Child Name

Plan Type (17)

Plan Due Date

Bates, Carl

Independent Living

7/1/2006

1 permanent plans entered

Figure 5 Hearing Information – Court Orders -Permanent Plans

The following will be the standard entries for Permanency Plan type (Table 17):

- Adoption
- Adoption (Concurrent)
- APPLA
- APPLA(Concurrent)
- Continued Foster Care
- Continued Foster Care (Concurrent)
- Independent Living
- Independent Living (Concurrent)
- Other
- Permanent Foster Care
- Permanent Foster Care (Concurrent)
- Relative Placement
- Relative Placement (Concurrent)
- Return Home
- Return Home (Concurrent)

Tracking Volunteer Recommendations

New Hearing	Delete Hearing	Group Information	Main Menu
Hearing Information	Involves	Volunteer Input	Court Orders
Adjudication	Placements	Notes	

Volunteer Input

New Vol. Input

Delete Vol. Input

Volunteer Name:
 Volunteer Excused?:
 Volunteer Report Required?:

--	--	--

Volunteer Input for Betty Baldwin

Number of Volunteer Recommendations Accepted:
 (in whole or in part)

Number of Volunteer Recommendations Rejected:

Number of Recommendations not decided or not Considered:

Total Recommendations Submitted:

Note: Recommendations Accepted + Recommendations Rejected + Recommendations Not decided or not considered = Total number of Recommendations submitted.:

1 Volunteers present at hearing

Volunteer Court Activity(29):

CASA Programs should track all the recommendations in the service plan AND the additional recommendations in the CASA report under the Hearings Tab/Volunteer Input in COMET. The following categories will be tracked in Virginia COMET:

- Accepted: in full, in part, incorporated into the court order, or service plan, or directed by the judge.
- Rejected: use if the order is totally opposite the recommendation(s)
- No decision or not considered: - will replace the current 'Negotiated' entry.

**Note: The three categories will add up to the total number of recommendations submitted.*

EXAMPLE 1:

10 Recommendations were made in the CASA Report
8 Recommendations were accepted
1 Recommendation was rejected
1 Recommendation was no decision/not considered

EXAMPLE 2

10 Recommendations were made in the CASA Report; 8 of which were included in the services recommended in the Service Plan
10 Recommendations were accepted

** Note: See sample “Court Hearing Information Form” in the Sample Forms section at the end of the manual.*



Under Hearings Tab/Court Orders/Family Services/Child Services

Court Ordered Services (Table 21)

The screenshot shows a software window titled "Lookup Tables". On the left, a list of lookup tables is displayed, with "(21) Service Categories" selected. On the right, a table titled "Services" is shown. A red message above the table states "This Table is Read-Only and Cannot be Edited". The table contains a list of services, and the bottom status bar indicates "Record: 1 of 35".

Services
AA/NA
Ala-Non/Alateen
Anger Management
Background Check on Household member
Child Support
Community Support Groups
Daycare/Before and After-School Programs
Dental Care
Developmental Assistance
Domestic Violence program
Drug Screening
Early childhood intervention assessment/ser
Economic/Housing Assistance
Education/Vocation Assistance
Employment
FAPT Review
Homestudy
Independent living

Figure 7 Court Ordered Services

Court Ordered Services (Table 21)

Rationale: Tracking services provided to the child and family demonstrates the effectiveness of the advocacy efforts of the CASA volunteer, especially if the services meet identified needs/risks.

Services that are court ordered must be tracked under the “Hearings” tab, under “Court orders”. Programs can track the type of service that was ordered in the standardized list in Table 21 as well as when the service was completed. Additional comments including reasons for non-compliance such as; the parent did not comply, DSS chose not to comply or the service was not available can be added in the notes field below.

Programs also have the option of tracking additional services that are not court ordered under a separate child services tab as these may be indicators of CASA advocacy for the child. This tab will also use the standardized list in Table 21 services.

All services tracked in Table 21 will be included in the outcome measurement queries.

The following will be standardized entries for Service Categories (Table 21):

- AA/NA
- Ala-Non/Alateen
- Anger management
- Attachment Study
- Background check on household member
- Child support
- Community support groups
- Daycare/before and after-school programs
- Dental care
- Domestic violence program
- Drug screening
- Early childhood intervention assessment/services (age 0-3)
- Economic/housing assistance
- Education/vocation assistance
- Employment
- FAPT Review
- Homestudy
- Independent living
- In-home services
- Interpreter
- Mediation
- Medical care
- Medication management
- Mental health services
- Mentor

- Other
- Parenting assessment
- Parenting classes
- Paternity testing
- Psychiatric evaluation/services
- Psychological evaluation
- Sex offender evaluation/treatment
- Special education services
- Substance abuse services
- Supervised visits
- Therapeutic/appropriate placement
- Tutoring/educational services

Details may be added to the notes field. For example: Mental Health Services can include psychological/psychiatric evaluations and testing, and in-patient and out-patient therapy sessions. Community Support Groups can include bereavement or caregiver support groups, single parent support groups, survivors of domestic violence, etc. Other court orders such as “cooperate with all agencies” or “refrain from substance abuse” or “sign all releases” should be tracked in notes field under hearings.



Under Placement Tab/Facility & Supervisor

Child Placements (Table 19)

Child Placements are tracked in COMET on the special Form provided by clicking on the Placement button on the Child Form.

Guidelines for entering placements:

All placement changes AFTER the child is assigned should be entered here. (*Note*, Virginia COMET has special selection controls on the Child Case form to allow the location of the child and the legal and physical custody upon assignment to be selected.) Placement changes (Court ordered or DSS directed) should be entered as new placements. If a child is moved within the family but there is no formal placement change/procedure, the initial location should be changed, but new placement should not be entered.

Bates, Carl

New Placement

Delete Placement

Back

Placement History

Facility Name	Date Placed	End Date
Jane Adams	12/31/2005	
Foster Care	02/02/1999	12/31/2005

Jane Adams

Type: Hospital

Address 1:

Address 2:

City/St/Zip:

County:

Supervisor: Karen Burke

Phone:

Fax:

Email:

Reason (20): Child Requested Move

Reas. Distance?: Yes

In County?: Yes

Placement Notes:

Total # of Placements: 2

Figure 8 Placement History

The following categories will be standardized for the drop down box to select Placement Facility Category, Lookup Table (19):

- Acute Psychiatric Facility
- Custody to other parent
- Custody with relative
- Detention
- DJJ
- Emergency shelter
- Foster Home
- Group home
- Medical Facility
- Other
- Own home father
- Own home mother
- Own home parents
- Relative foster care
- Relative placement
- Residential
- Therapeutic Foster Care
- Third party custody
- Runaway whereabouts unknown
- Short Term Diagnostic
- Trial Placement in home
- Trial placement own home
- Trial placement other

PART IV – OUTCOME REPORTS

OUTCOMES to be TRACKED

GOAL: Children assigned to CASA volunteers will achieve safe and permanent homes.

OUTCOME: 85% of children assigned to CASA volunteers will have a Permanency Plan approved by the court 11 months from the disposition hearing.

1. CASA programs in Virginia will consistently track how long it takes to have the Permanency Plan approved by the Court.
2. CASA programs in Virginia will track how many children are in safe/permanent homes at the time of program closure.
3. CASA programs will provide an additional query on closed cases on the number of placements per child.

GOAL: CASA volunteers will effectively advocate on behalf of abused and neglected children in court proceedings.

OUTCOME: 90% of CASA volunteer recommendations will be accepted into the court orders.

1. CASA programs will track the number of recommendations accepted, rejected or not considered by the court.

OUTCOMES to be TRACKED

GOAL: Children assigned to CASA volunteers will receive services appropriate to their identified needs.

OUTCOME: 85% of CASA children assigned a CASA volunteer will receive services that address specific disabilities and risk factors/concerns.

1. CASA programs will track the number of services children receive as well as the identified disabilities/risk factors/concerns that are present.
2. A query will be designed to determine if the services provided are appropriate for the identified needs.

GOAL: Parents assigned to CASA volunteers will be referred for services appropriate to their identified needs.

OUTCOME: 85% of parents with children assigned a CASA volunteer will be referred to services that address specific disabilities and risk factors.

1. CASA programs will track the number of services parents receive as well as the identified disabilities/risk factors/concerns that are present.
2. A query will be designed to determine if the services provided are appropriate for the identified needs.

PART V - SAMPLE FORMS

I. CASA Intake Form

II. CASA Volunteer Tracking Form

III. Case Closure Information

IV. Court Hearing Information Form



CASA INTAKE FORM

CHILD'S NAME:		CASE #:	
DOB: / /	GENDER : <input type="checkbox"/> Male <input type="checkbox"/> Female	SOCIAL SECURITY #: - -	
PRIMARY LANGUAGE: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Asian Language <input type="checkbox"/> Arabic <input type="checkbox"/> Sign Language <input type="checkbox"/> Other		CHILD IS REMOVED FROM HOME: <input type="checkbox"/> YES <input type="checkbox"/> NO DATE REMOVED: / /	
RACE: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian/Asian-American <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other		CAREGIVER'S PHONE: (H) () - (W) () - ADDRESS: _____ CITY/COUNTY: _____ STATE/ZIP: _____	
TOTAL NUMBER OF PLACEMENTS PRIOR TO CASA: # _____ TOTAL NUMBER OF MONTHS IN PRIOR PLACEMENT(S): # _____ PLACEMENT <input type="checkbox"/> Acute psychiatric facility <input type="checkbox"/> Custody to other parent <input type="checkbox"/> Custody with relative <input type="checkbox"/> Detention <input type="checkbox"/> DJJ <input type="checkbox"/> Emergency shelter <input type="checkbox"/> Foster home <input type="checkbox"/> Group home <input type="checkbox"/> Medical facility <input type="checkbox"/> Own home father <input type="checkbox"/> Own home mother <input type="checkbox"/> Own home parents <input type="checkbox"/> Relative foster care <input type="checkbox"/> Relative placement <input type="checkbox"/> Residential <input type="checkbox"/> Therapeutic foster care <input type="checkbox"/> Third party custody <input type="checkbox"/> Runaway (whereabouts unknown) <input type="checkbox"/> Short term diagnostic <input type="checkbox"/> Trial placement in home	COURT INFORMATION OPEN DATE: / / ASSIGNMENT DATE: / / NAME OF CASA VOLUNTEER : _____ PETITION TYPE AT ASSIGNMENT: <input type="checkbox"/> ABUSE/NEGLECT <input type="checkbox"/> CHINS <input type="checkbox"/> CUSTODY/VISITATION <input type="checkbox"/> ENTRUSTMENT <input type="checkbox"/> RELIEF OF CUSTODY <input type="checkbox"/> OTHER JUDGE: _____ COURT DATE: / / GAL: _____ PHONE: () - COURT ORDERED VISITATION? <input type="checkbox"/> YES <input type="checkbox"/> NO SUPERVISED VISITATION? <input type="checkbox"/> YES <input type="checkbox"/> NO COURT APPROVED THE FOLLOWING NAMES FOR VISITATION: _____ _____ VISITATION SCHEDULE: _____ DATE OF NEXT VISITATION: / /		
	MOTHER NAME: _____ PHONE: (H) () - (W) () - ADDRESS: _____ CITY/COUNTY: _____ STATE/ZIP: _____		FATHER NAME: _____ PHONE: (H) () - (W) () - ADDRESS: _____ CITY/COUNTY: _____ STATE/ZIP: _____
	SIBLING NAME: _____ PHONE: (H) () - (W) () - ADDRESS: _____ CITY/COUNTY: _____ STATE/ZIP: _____		OTHER NAME: _____ PHONE: (H) () - (W) () - ADDRESS: _____ CITY/COUNTY: _____ STATE/ZIP: _____
	LEGAL GUARDIAN/DSS SOCIAL WORKER NAME: _____ PHONE: (H) () - (W) () - ADDRESS: _____ CITY/COUNTY: _____ STATE/ZIP: _____		

ADDITIONAL CONTACTS			
Social Worker/CPS:_____	PHONE: (W) (____) _____	-	FAX: (____) _____ -
Social Worker/Adoption:_____	PHONE: (W) (____) _____	-	FAX: (____) _____ -
Therapist:_____	PHONE: (W) (____) _____	-	FAX: (____) _____ -
After-School Program:_____	PHONE: (W) (____) _____	-	FAX: (____) _____ -
Mentor:_____	PHONE: (W) (____) _____	-	FAX: (____) _____ -
Other:_____	PHONE: (W) (____) _____	-	FAX: (____) _____ -

Social Worker/CPS: _____	PHONE: (W) (____) _____ - _____	FAX: (____) _____ - _____
Social Worker/Adoption: _____	PHONE: (W) (____) _____ - _____	FAX: (____) _____ - _____
Therapist: _____	PHONE: (W) (____) _____ - _____	FAX: (____) _____ - _____
After-School Program: _____	PHONE: (W) (____) _____ - _____	FAX: (____) _____ - _____
Mentor: _____	PHONE: (W) (____) _____ - _____	FAX: (____) _____ - _____
Other: _____	PHONE: (W) (____) _____ - _____	FAX: (____) _____ - _____

SCHOOL INFORMATION			
Name of School: _____		Child's Grade: _____	
Principal: _____	PHONE: (W) (____) _____ - _____	FAX: (____) _____ - _____	
Guidance Counselor: _____	PHONE: (W) (____) _____ - _____	FAX: (____) _____ - _____	
Teacher: _____	PHONE: (W) (____) _____ - _____	FAX: (____) _____ - _____	
Other: _____	PHONE: (W) (____) _____ - _____	FAX: (____) _____ - _____	

Name of School: _____		Child's Grade: _____
Principal: _____	PHONE: (W) (____) _____ - _____	FAX: (____) _____ - _____
Guidance Counselor: _____	PHONE: (W) (____) _____ - _____	FAX: (____) _____ - _____
Teacher: _____	PHONE: (W) (____) _____ - _____	FAX: (____) _____ - _____
Other: _____	PHONE: (W) (____) _____ - _____	FAX: (____) _____ - _____

DISABILITIES FOR CHILD

☐ Autism

☐ Developmental delay (0-9)

☐ Emotional disturbance

☐ Hearing impaired/deafness

☐ Mental retardation

☐ Multiple disabilities

☐ Orthopedic impairment

☐ Other health impairment

☐ Specific learning disability

☐ Speech/language impairment

☐ Traumatic brain injury

☐ Visual impairment/blindness

☐ Other

- ☐ Autism
- ☐ Developmental delay (0-9)
- ☐ Emotional disturbance
- ☐ Hearing impaired/deafness
- ☐ Mental retardation
- ☐ Multiple disabilities
- ☐ Orthopedic impairment
- ☐ Other health impairment
- ☐ Specific learning disability
- ☐ Speech/language impairment
- ☐ Traumatic brain injury
- ☐ Visual impairment/blindness
- ☐ Other

[illegible][illegible]

CONCERNS FOR CHILD/FAMILY

- ☐ Absent parent
- ☐ Aging out in foster care
- ☐ Behavior problem in caregiver household
- ☐ Caregiver abused as child
- ☐ Caregiver housing instability
- ☐ Caregiver mental illness/personality disorder
- ☐ Caregiver substance abuse
- ☐ Chronic Medical
- ☐ CPS – Prior
- ☐ CPS – Current
- ☐ CPS - Re-abuse
- ☐ Criminal involvement by child
- ☐ Criminal history – child
- ☐ Criminal history – parent/caregiver
- ☐ Criminal history – household/family member
- ☐ Death of parent(s)
- ☐ Domestic violence in caregiver household
- ☐ Drug addicted/drug exposed newborn
- ☐ Economic instability
- ☐ Exposed to domestic violence
- ☐ Gang involvement
- ☐ Has a teenage parent
- ☐ Health and Hygiene issues for child
- ☐ Health and Hygiene issues in caregiver household
- ☐ Immigration Issues
- ☐ Incarcerated parent
- ☐ Is a teenage parent
- ☐ Language barrier
- ☐ Long time in foster care
- ☐ Marital discord in caregiver household
- ☐ Mental health concerns
- ☐ Other
- ☐ Parent has no healthy support system
- ☐ Placement inappropriate
- ☐ Placement instability
- ☐ Psychotropic medication concerns
- ☐ Removal/separation of siblings
- ☐ Runaway
- ☐ School-academic performance
- ☐ School-behavioral
- ☐ School-truant
- ☐ Sexually abused
- ☐ Sexual perpetrator
- ☐ Siblings by multiple parents
- ☐ Single primary caregiver
- ☐ Substance abuse by child
- ☐ Suicidal
- ☐ Uncooperative parent

- ☐ Absent parent
- ☐ Aging out in foster care
- ☐ Behavior problem in caregiver household
- ☐ Caregiver abused as child
- ☐ Caregiver housing instability
- ☐ Caregiver mental illness/personality disorder
- ☐ Caregiver substance abuse
- ☐ Chronic Medical
- ☐ CPS – Prior
- ☐ CPS – Current
- ☐ CPS - Re-abuse
- ☐ Criminal involvement by child
- ☐ Criminal history – child
- ☐ Criminal history – parent/caregiver
- ☐ Criminal history – household/family member
- ☐ Death of parent(s)
- ☐ Domestic violence in caregiver household
- ☐ Drug addicted/drug exposed newborn
- ☐ Economic instability
- ☐ Exposed to domestic violence
- ☐ Gang involvement
- ☐ Has a teenage parent
- ☐ Health and Hygiene issues for child
- ☐ Health and Hygiene issues in caregiver household
- ☐ Immigration Issues
- ☐ Incarcerated parent
- ☐ Is a teenage parent
- ☐ Language barrier
- ☐ Long time in foster care
- ☐ Marital discord in caregiver household
- ☐ Mental health concerns
- ☐ Other
- ☐ Parent has no healthy support system
- ☐ Placement inappropriate
- ☐ Placement instability
- ☐ Psychotropic medication concerns
- ☐ Removal/separation of siblings
- ☐ Runaway
- ☐ School-academic performance
- ☐ School-behavioral
- ☐ School-truant
- ☐ Sexually abused
- ☐ Sexual perpetrator
- ☐ Siblings by multiple parents
- ☐ Single primary caregiver
- ☐ Substance abuse by child
- ☐ Suicidal
- ☐ Uncooperative parent



CASA Volunteer Tracking Form

Volunteer:	Date:
Number of cases:	Total number of children in case(s):

Note: Use pages 2 & 3 for additional cases.

<u>Case Number:</u>		<u>Next Court Date/Time:</u>		
<u>Contacts</u> <small>(Actual Out of Court Conversations/Meetings)</small>	<u>Name of Contact</u>	<u>Face to Face</u> <small>(Dates)</small>	<u>Other</u> <small>(Telephone, etc.) (Dates)</small>	<u>Total Time Spent with Each Contact</u>
<u>Child A</u>				
<u>Child B</u>				
<u>Child C</u>				
<u>Child D</u>				
<u>Mother</u>				
<u>Father</u>				
<u>Foster Parents</u>				
<u>Social Worker</u>				
<u>School</u>				
<u>GAL</u>				
<u>Daycare Provider</u>				
<u>Supervisor</u>				
<u>Other (therapist, relatives, etc.)</u>				

Please List the Number of Hours Spent on Each of the Items Below:

Items	Hearings	Travel time	Paperwork	Publicity	In-service hours	Total Hours
Hours						
<u>List activities for in-service hours</u> (include titles, dates and number of hours for each activity): 1. 2. 3. 4.						



CASA Volunteer Tracking Form (p. 2)

Volunteer:	Date:
Number of cases:	Total number of children in case(s):

<u>Case Number:</u>		<u>Next Court Date/Time:</u>		
<u>Contacts</u> (Actual Out of Court Conversations/Meetings)	<u>Name of Contact</u>	<u>Face to Face</u> (Dates)	<u>Other</u> (Telephone, etc.) (Dates)	<u>Total Time</u> <u>Spent with</u> <u>Each Contact</u>
<u>Child A</u>				
<u>Child B</u>				
<u>Child C</u>				
<u>Child D</u>				
<u>Child E</u>				
<u>Mother</u>				
<u>Father</u>				
<u>Foster Parents</u>				
<u>Social Worker</u>				
<u>School</u>				
<u>GAL</u>				
<u>Daycare Provider</u>				
<u>Supervisor</u>				
<u>Other (therapist, relatives, etc.)</u>				

Notes:



CASA Volunteer Tracking Form (p. 3)

Volunteer:	Date:
Number of cases:	Total number of children in case(s):

<u>Case Number:</u>		<u>Next Court Date/Time:</u>		
<u>Contacts</u> (Actual Out of Court Conversations/Meetings)	<u>Name of Contact</u>	<u>Face to Face</u> (Dates)	<u>Other</u> (Telephone, etc.) (Dates)	<u>Total Time</u> <u>Spent with</u> <u>Each</u> <u>Contact</u>
<u>Child A</u>				
<u>Child B</u>				
<u>Child C</u>				
<u>Child D</u>				
<u>Child E</u>				
<u>Mother</u>				
<u>Father</u>				
<u>Foster Parents</u>				
<u>Social Worker</u>				
<u>School</u>				
<u>GAL</u>				
<u>Daycare Provider</u>				
<u>Supervisor</u>				
<u>Other (therapist, relatives, etc.)</u>				

Notes:



CASE CLOSURE INFORMATION

Case Name: _____

Case #: _____

CASA Volunteer: _____

Date closed by court: ____/____/____

Date closed by CASA program: ____/____/____

Date of Final/Permanent Placement: ____/____/____

Court Closure Reasons

- ☐ Adopted ☐ CASA Relieved/Dismissed ☐ Child AWOL ☐ Child Death
☐ Child/family moved out of area ☐ Child turned 18 ☐ Denied - inappropriate referral
☐ Denied - no volunteer ☐ In compliance with Protective Order ☐ Permanency Achieved
☐ Removed from docket ☐ Returned Home ☐ Terminated Parental Rights
☐ Transferred to another jurisdiction ☐ Unable to reassign ☐ Other: _____

Program Closure Reasons

- ☐ Adopted ☐ CASA Relieved/Dismissed ☐ Child AWOL ☐ Child Death
☐ Child/family moved out of area ☐ Child turned 18 ☐ Denied - inappropriate referral
☐ Denied - no volunteer ☐ In compliance with Protective Order ☐ Permanency Achieved
☐ Removed from docket ☐ Returned Home ☐ Terminated Parental Rights
☐ Transferred to another jurisdiction ☐ Unable to reassign ☐ Other: _____

Final Placement at Closure

- ☐ Adoptive placement ☐ Custody to other parent ☐ Custody with relative ☐ Detention
☐ DJJ ☐ Emergency shelter ☐ Final Adoption ☐ Foster Home ☐ Group home ☐ Hospital
☐ Independent Living Program ☐ Own home father ☐ Own home mother ☐ Own home parents
☐ Permanent Foster Care ☐ Relative Foster Home ☐ Relative placement ☐ Residential
☐ Runaway whereabouts unknown ☐ Short Term Diagnostic ☐ Therapeutic Foster Care
☐ Third party custody ☐ Other: _____

Was CASA's permanent placement recommendation accepted? ☐ Yes ☐ No

Was the case worker permanent placement recommendation different? ☐ Yes ☐ No

Based upon the best professional assessment by the CASA program, was the Final Placement at Program Closing a Safe - Permanent Home? ☐ Yes ☐ No

Notes:



Docket #: _____
CASA Case #: _____

Court Hearing Information Form

Case Name: _____ CASA Volunteer: _____

Date of Hearing: _____ Location of Hearing: _____ Report Submitted: ☐ Yes ☐ No

New Hearing Date(s): _____ / _____ Time(s): _____ / _____ Judge: _____

GAL: _____ DSS Worker: _____

Date Court Order Filed: _____ Date Court Order Received: _____

Hearing Status: ☐ Held ☐ Continued ☐ Continued in progress ☐ Case Closed

Petition Type: ☐ Abuse/neglect ☐ CHINS ☐ Custody/Visitation ☐ Entrustment ☐ Relief of Custody

☐ Other: _____

Hearing Types

☐ ERO ☐ PRO ☐ PPO ☐ Adjudication ☐ Entrustment ☐ Expedited ☐ Disposition ☐ Review ☐ Foster Care Review

☐ Initial Perm Planning Hearing ☐ 2nd Perm Planning Hearing ☐ Permanency Planning Hearing – subsequent ☐ TPR Mother

☐ TPR Father ☐ Foster Care Review 12 month ☐ Review of APPLA ☐ Adoption Progress Review ☐ Show Cause

☐ Custody Visitation ☐ CHINS ☐ Appeals ☐ Relief of Custody ☐ Other: _____

Volunteer Recommendations:

Number of Recommendations

Accepted: _____

[in full, in part, incorporated into the court order, or service plan, or directed by the judge]

Rejected: _____

[use if the order is totally opposite the recommendation(s)]

No decision or not considered: _____

Is there a permanency plan? ☐ Yes ☐ No

Permanency Plan Type:

☐ Adoption ☐ APPLA ☐ Continued Foster Care ☐ Independent Living ☐ Permanent Foster Care ☐ Relative Placement

☐ Return Home ☐ Other: _____

Is there a concurrent plan in place? ☐ Yes ☐ No

List the concurrent plan: _____

Current Placement of Child(ren):

☐ Acute Psychiatric Facility ☐ Custody to other parent ☐ Custody with relative ☐ Detention ☐ DJJ ☐ Emergency shelter

☐ Foster Home ☐ Group home ☐ Medical Facility ☐ Other ☐ Own home father ☐ Own home mother ☐ Own home parents

☐ Relative foster care ☐ Relative placement ☐ Residential ☐ Therapeutic Foster Care ☐ Third party custody

☐ Runaway whereabouts unknown ☐ Short Term Diagnostic ☐ Trial Placement in home ☐ Trial placement own home

☐ Trial placement other: _____

List those present at the hearing: _____

Court Ordered Visitation: ☐ Yes ☐ No

Supervised: ☐ Yes ☐ No

Who will supervise? _____

Visitation Schedule: _____

Copy of the Court Order Obtained by CASA Volunteer? ☐ Yes ☐ No

Court Ordered Services for Child:

- ☐ AA/NA ☐ Ala-Non/Alateen ☐ Anger management ☐ Attachment Study ☐ Background check on household member
☐ Child support ☐ Community support groups ☐ Daycare/before and after-school programs ☐ Dental care
☐ Domestic violence program ☐ Drug screening ☐ Early childhood intervention assessment/services (age 0-3)
☐ Economic/housing assistance ☐ Education/vocation assistance ☐ Employment ☐ FAPT Review ☐ Homestudy
☐ Independent living ☐ In-home services ☐ Interpreter ☐ Mediation ☐ Medical care ☐ Medication management
☐ Mental health services ☐ Mentor Parenting assessment ☐ Parenting classes ☐ Paternity testing ☐ Psychiatric evaluation/services
☐ Psychological evaluation ☐ Sex offender evaluation/treatment ☐ Special education services ☐ Substance abuse services
☐ Supervised visits ☐ Therapeutic/appropriate placement ☐ Tutoring/educational services ☐ Other: _____

Court Ordered Services for Mother:

- ☐ AA/NA ☐ Ala-Non/Alateen ☐ Anger management ☐ Attachment Study ☐ Background check on household member
☐ Child support ☐ Community support groups ☐ Daycare/before and after-school programs ☐ Dental care
☐ Domestic violence program ☐ Drug screening ☐ Early childhood intervention assessment/services (age 0-3)
☐ Economic/housing assistance ☐ Education/vocation assistance ☐ Employment ☐ FAPT Review ☐ Homestudy
☐ Independent living ☐ In-home services ☐ Interpreter ☐ Mediation ☐ Medical care ☐ Medication management
☐ Mental health services ☐ Mentor Parenting assessment ☐ Parenting classes ☐ Paternity testing ☐ Psychiatric evaluation/services
☐ Psychological evaluation ☐ Sex offender evaluation/treatment ☐ Special education services ☐ Substance abuse services
☐ Supervised visits ☐ Therapeutic/appropriate placement ☐ Tutoring/educational services ☐ Other: _____

Court Ordered Services for Father:

- ☐ AA/NA ☐ Ala-Non/Alateen ☐ Anger management ☐ Attachment Study ☐ Background check on household member
☐ Child support ☐ Community support groups ☐ Daycare/before and after-school programs ☐ Dental care
☐ Domestic violence program ☐ Drug screening ☐ Early childhood intervention assessment/services (age 0-3)
☐ Economic/housing assistance ☐ Education/vocation assistance ☐ Employment ☐ FAPT Review ☐ Homestudy
☐ Independent living ☐ In-home services ☐ Interpreter ☐ Mediation ☐ Medical care ☐ Medication management
☐ Mental health services ☐ Mentor Parenting assessment ☐ Parenting classes ☐ Paternity testing ☐ Psychiatric evaluation/services
☐ Psychological evaluation ☐ Sex offender evaluation/treatment ☐ Special education services ☐ Substance abuse services
☐ Supervised visits ☐ Therapeutic/appropriate placement ☐ Tutoring/educational services ☐ Other: _____

Follow up on Services:

Start Date for Services: Child: _____

Start Date for Services: Mother: _____

Start Date for Services: Father: _____

Is anyone referred for services on waiting list? Child: ☐ Yes ☐ No Mother: ☐ Yes ☐ No Father: ☐ Yes ☐ No

Were any services completed at the time of this hearing? Child: ☐ Yes ☐ No Mother: ☐ Yes ☐ No Father: ☐ Yes ☐ No

Notes: _____

